

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90214 050 ***150.00

DOCUMENT # K18487

1. Entity Name

OPA LOCKA COMMUNITY CLINIC, INC.



Principal Place of Business

**12901 NW 27 AVENUE
MIAMI FL 33167
US**

Mailing Address

**ROGER J MERRITT.ESO
STE 218 300 41 ST
MIAMI FL 33140
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0051360**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRITT, ROGER
SUITE 218, 300-41 STREET
MIAMI BEACH FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BERMAN, MIKHAIL
12901 NW 27 AVENUE
MIAMI FL 33167** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Mikhail Berman

2/17/03 (305) 681-2855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

ROGER J. MERRITT

K18487

ATTORNEY AT LAW

SUITE 218, JEFFERSON PLAZA
300 - 41ST STREET (ARTHUR GODFREY ROAD)
MIAMI BEACH, FLORIDA 33140

TELEPHONE: (305) 534-7718
FAX: (305) 673-2969

ALSO ADMITTED IN
DISTRICT OF COLUMBIA
AND NEW YORK

February 19, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

80038451

Re: Opa Locka Community Clinic, Inc.
No. K18487
2003 Annual Report

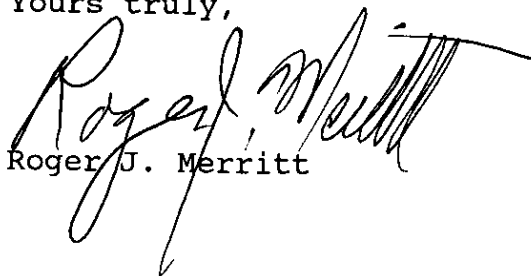
Dear Sir:

Enclosed please find the 2003 Annual Report for the above-referenced corporation.

I also enclose the corporation's check # 1954 in the amount of \$150.00 for the filing fee.

Thank you.

Yours truly,


Roger J. Merritt

Encls. stated

cc: Dr. Mikhail Berman, President